Case Report

SELF INFLICTED INJURY TO EXTERNAL GENITALIA

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ABSTRACT

We report a case of a 36 years old patient who had injured his external genitalia by a kitchen knife. Patient with past history of schizophrenia, was brought to emergency department with loss of almost two third of the penile shaft and arterial bleeding from cut ends of penis and spermatic cords. After initial resuscitation, bleeding vessels were ligated, scrotal skin was closed and penile stump was covered with a split thickness skin graft. Post operative recovery was uneventful but patient failed to keep up his follow up appointments.

KEY WORDS: *Injury. External Genitalia. Management.*

CASE REPORT

A 36 years old patient was brought to the accident and emergency department after amputating his penis and both testes with a kitchen knife.

On examination, he had tachycardia and low blood pressure (60/30 mm Hg) due to hypovolaemia. Examination of his genitalia showed loss of almost two third of the penile shaft and arterial bleeding from cut ends of the penis and spermatic cords. The remaining third of the penile stump was devoid of skin cover with extensive loss of scrotal skin, both testes were absent [see fig: 1] and there was active arterial bleeding from both internal spermatic arteries.

After initial resuscitation with four units of blood transfusion, he was transferred to the operation theatre where the bleeding vessels were ligated and the scrotal skin was closed using dexon sutures. The penile stump was covered with a split thickness skin graft taken from the right thigh and neoexternal uretheral meatus was fashioned. [see fig 2].

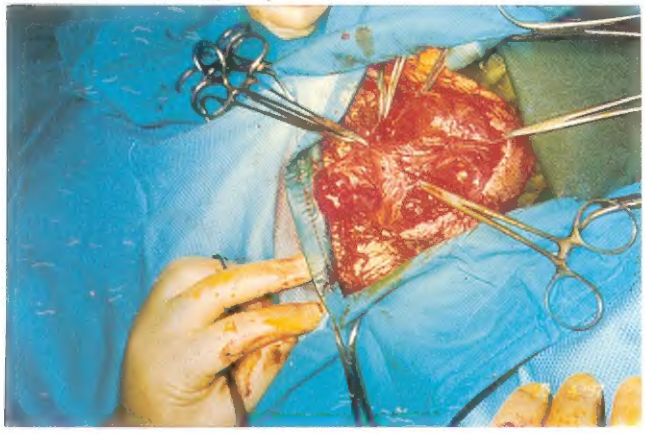

Fig. 1 Surgery is being performed for ligation of vessels.

A Foley's catheter (size 16) was kept inside and broad spectrum antibiotics were prescribed.

Post operative recovery was uneventful and the skin graft healed well. The catheter was removed after one week and he voided freely. On psychiatric evaluation, patient had a past history of schizophrenia and previous episode of self inflicted penile injury, he had also amputed the glans penis two years back.

Patient stopped taking the prescribed medication for six months and failed to keep his follow up appointments.

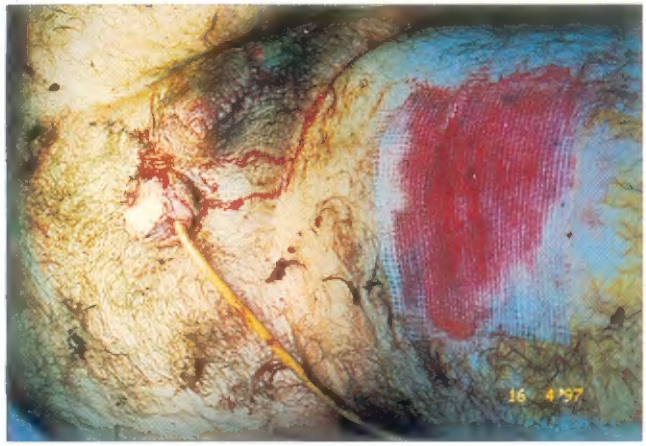

Fig. 2 Showing catheterization

DISCUSSION

Self inflicted penile injuries are not uncommon in psychiatric patients. This case was a manifestation of hypochondriacal neurosis in a schizophrenic. It is particularly unusual because the testicles were also removed with the penis with a considerable risk, due to severe blood loss. The surgical treatment in such condition should be aimed towards

resuscitation, repair and reconstruction to restore both urinary and sexual functions. The urine flow requires temporary diversion and antibiotic cover is essential to prevent anaerobic infection. The penis can be replaced if retrieved with in six hours. A microvascular anastomosis has better result but it is not essential for a successful outcome[1]. However, re-suturing of the testes is usually not as successful even with a microvascular technique[2]. Reconstruction of the penis[3] should not be considered unless the patient is well motivated and the psychiatric condition is well controlled.

Fournier's gangrene is also a real risk, hence these patients should be covered with broad spectrum antibiotics. Pyeronies disease or penile deformity can also occur as late complications. Hence, long term follow up is required.

BIBLIOGRAPHY

1. Pryor JP, Hill JT, Packham DA, Yates-Bell AJ. Penile injuries with particular reference to injury to erectile tissue. Birt J Urol 1981; 53: 42-46.
2. Campbell's Urology. 6th ed Vol:3, 2591-2592, Saunders.
3. Jordan GH, Alter GJ, Gilbert DA, Horton CE, Devine CJ Jr. Penile prosthesis Implantation in total phalloplasty

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